APR 25 2006 (illegible)

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Jun 22, 2006 8:00 am
Secretary of State
05-10-2006 90103 014 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000135173

1. Entity Name
JENNARONI ENTERPRISES,INC.

66020291

Principal Place of Business	Mailing Address
12397-1 PEMBROKE ROAD PEMBROKE PINES, FL 33205	12397-1 PEMBROKE ROAD PEMBROKE PINES, FL 33205

04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0188638
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $58.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OXMAN, RICHARD
1457 NW 158 AVENUE
PEMBROKE PINES, FL 33028

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable.) (MUST: Registered Agent's signature required when reinstating) Date

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $8.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OXMAN, RICHARD
STREET ADDRESS	1457 NW 158TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: S Richard M. Oxman 6/18/06 954-218-0640
(SIGNATURE AND TYPED OR PRINTED NAME OF RESIDENT OFFICER OR DIRECTOR) Date Telephone Number #